KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Board of Adult Care Home Administrators
APPLICATION FOR
INITIAL ADULT CARE HOME ADMINISTRATOR LICENSE

TYPE OF LICENSE

Enclose non-refundable fee: **Payable to KDHE.**

☐ Full: $ 100.00 **

**See attached fee schedule. Fees pro-rated for partial year licenses. Enclose non-refundable fee: Payable to KDHE. Personal checks are accepted. Discover Card may be used for payment of fees. Charge authorization form must be completed and signed to utilize this option.

APPLICANT INFORMATION

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Phone: work (____)_____ home (_____) _____ Birthdate: ___ /___ /___ SSN _____

Email address (optional) _____

(***attach a copy of your Social Security Card or document bearing your name and Social Security number***)

EDUCATION

	College/University	Degree	Date Conferred
1.			
2.			
3.			
4.			

If applicable, transcripts must be sent by the college or university directly to Health Occupations Credentialing.
If you are filing for testing under KSA-65-3504(b), request, complete, and submit Application for Exemption of Formal Education.

PRACTICUM

Each applicant must satisfactorily complete a long-term care administration practicum of not less than 480 hours approved by an approved practicum sponsor.

Practicum Sponsor _____ Coordinator _____
College/University/Sponsor

Preceptor _____ Preceptor #_____

Practicum Beginning Date _____ Ending Date _____

LICENSE IN ANOTHER STATE

List all states in which you have ever held an adult care home administrator license:

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

For each state, complete Part I of the verification of license, request that the state Board complete Part II and return verification to this Board.

REFERENCES

K.A.R. 28-38-20 requires that each licensure applicant submit, on Board approved forms, one letter of reference from a licensed adult care home administrator, in state or out of state, and one letter of reference from another person not related to the candidate as defined under "nepotism" in K.A.R. 28-38-29(h).

K.A.R. 28-38-29(h) defines "nepotism" to mean favoritism shown to a relative on the basis of relationship as a family member or as a member of a household. For the purposes of this definition "family member" means any of the following: (1) A spouse, parent, child, or sibling; (2) a sibling as denoted by the prefix "half"; (3) a parent, child, or sibling as denoted by the prefix "step"; (4) a foster child; (5) an uncle, aunt, nephew, or niece; (6) any parent or child of a preceding or subsequent generation as denoted by the prefix "grand" or "great"; or (7) a parent, child, or sibling related by marriage as denoted by the suffix "in-law." For the purposes of this definition, "member of a household" means a person having legal residence in, or living in, an individual's place of residence.

DISCIPLINARY ACTION

● Has disciplinary action ever been taken against an adult care home administrator license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction?
Y / N
If YES, please provide specific details and copies of all relevant documents.

Please read carefully before answering

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? This includes any felony, misdemeanor, or DUI convictions.
Y / N

If YES, please indicate:

Date of conviction: _____

City, County and state of conviction: _____

Crime of which convicted: _____

NOTE: Pursuant to state regulations, the Board requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the Board explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The candidate shall have the burden of proving that the candidate has been rehabilitated and warrants the public trust.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the Board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

Signature: _____ **Date:** _____

☞ PLEASE NOTE: *YOUR SIGNATURE MUST BE NOTARIZED*

SUBSCRIBED AND SWORN TO before me, the undersigned authority,
on this _____day of _____, 200_____

_____
(Notary Public)
My appointment expires:_____

Submit application, fee and supporting documents to:

Health Occupations Credentialing
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, Kansas 66612-1365

For questions please contact Brenda Nesbitt Kroll at 785-296-0061 or bkroll@kdhe.state.ks.us